ARMY BEHAVIORAL HEALTH TECHNOLOGY OFFICE (ABHTO)

COL Gregory A. Gahm, Ph.D.
Barbara A. Lucenko, Ph.D.
Madigan Army Medical Center
Department of Psychology

ABHTO
Welcome to the Behavioral Health Clinic!
If you have not already checked in at the counter, please do so now.
To begin your questionnaires, swipe your ID card as shown in the picture.
If you are having trouble with your ID card, press this button:
Login using keyboard

ABHTO
MAMC PSYCHOLOGY
AMERICA'S CORPS
CARE WITH COMPASSION

Research & Technology Main Topics

- **Ft Lewis Behavioral Health Screening**
- **Army Suicide Event Reporting**

ABHTO
MAMC PSYCHOLOGY

Where & When We Screen

- Behavioral Health Clinic (intake)
- Pre-Deployment
- Post-Deployment (60-120 Day)
  - SWAP, PDHRA

ABHTO
MAMC PSYCHOLOGY

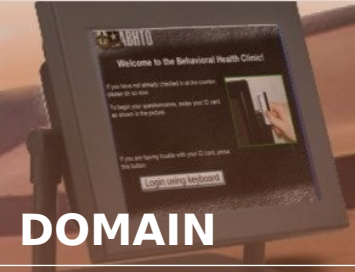
Screening Modules

- Demographics
- Psychosocial history (MH treatment, DV, sexual assault)
- Current symptoms (PTSD, depression, anger, anxiety, alcohol)
- Military experiences
- Support and resilience
- Physical Health/Safety (HRA-II)

Behavioral Health Scales

- Depression: PHQ-9 (PRIME-MD)
- Anxiety: PHQ Anxiety/Panic scales
- PTSD: Primary Care PTSD Screen
- Hostility/Anger: DAR Scale
- Alcohol Use: AUDIT
- Relationship: Quality of Marriage Index
- Experiences: DRRI, ACE Items

ABHTO
MAMC PSYCHOLOGY



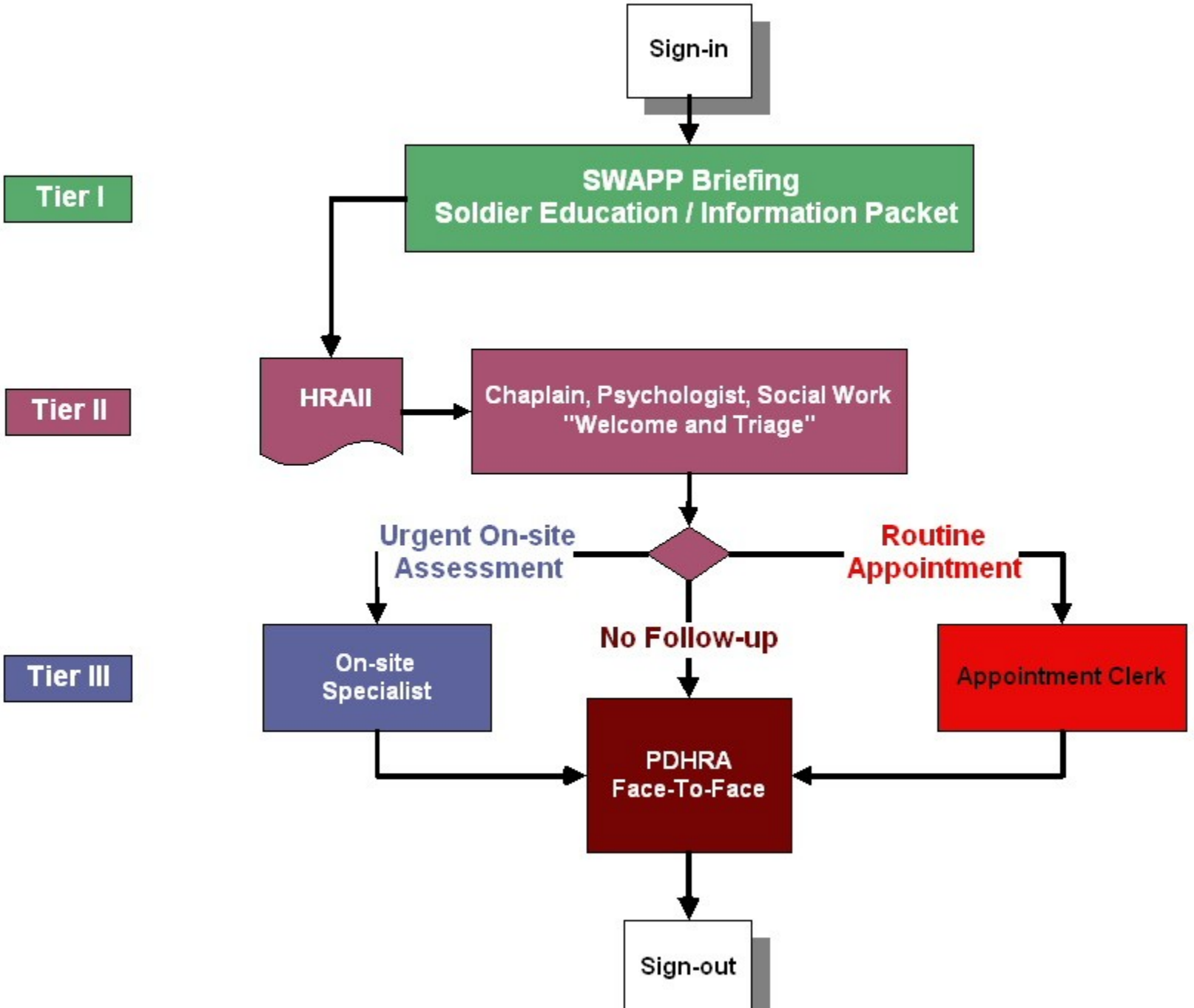
DOMAIN	SCALE	BH Clinic	Post-Deploy
Depression:	PHQ-9 (PRIME-MD)	X	X
Anxiety:	PHQ Anxiety/Panic scales	X	X
PTSD:	Primary Care PTSD Screen	X	X
PTSD:	PCL-C	X	
Hostility/Anger:	DAR	X	X
Alcohol Use:	AUDIT	X	X
Relationship:	Quality of Marriage Index	X	
Unit Support:	DRRI	X	X
Prior Experiences:	DRRI	X	X
Childhood Experiences:	ACE Items	X	
Combat Experiences:	CES	X	
Suicidal Ideation	RSIS	X	
Stigma	Perceived Stigma Scale	X	
Growth	PTGI	X	

Post-Deployment SWAPP

- Post-Deployment (60-120 Day)

ABHTO
MAMC PSYCHOLOGY

Flowchart


Sign-in
Tier I
SWAPP Briefing
Soldier Education / Information Packet
Tier II
HRAII
Chaplain, Psychologist, Social Work
"Welcome and Triage"
Urgent On-site
Assessment
Routine
Appointment
Tier III
On-site
Specialist
No Follow-up
Appointment Clerk
PDHRA
Face-To-Face
Sign-out

ABHC Provider Report

Provider Report

Patient: Test One
Report date: 19 Jan 2006 16:08 PST

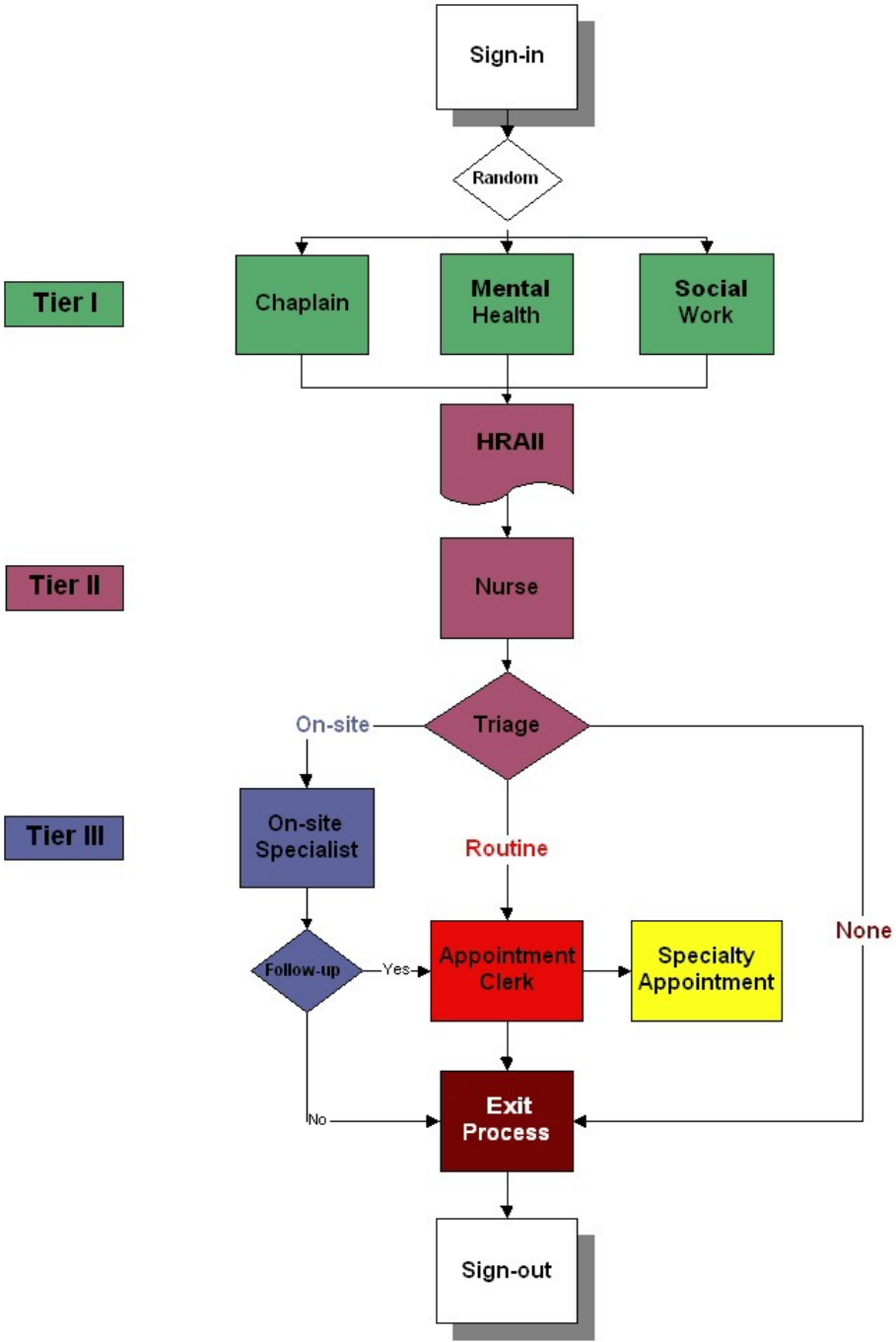
Test One 111-11-1111 Active Duty, AGR unit phone: asdf, work phone: asdf, home phone: asdf

Flagged Results

Identifying Data		
Baseline Demographics	22Sep05	Duty status: Active Duty, AGR
RepeatDemog	06Jan06	Unit Phone asdf
		Work Phone asdf
		Home Phone asdf
MilitaryRepeat	06Jan06	Primary unit: 1st BDE
		Medical Hold Over
		CID investigation in progress
MilitaryHx	23Sep05	What is your branch of service? Army
		What is your component/military status? Regular (e.g. Army, Air Force)
		What is your current paygrade? O-3
		What is your Unit's name? K145 Cache
		What is your job code:(MOS, SSI, AFSC, DAFSC, or other military job code) MOS
		How many years have you been in the military? 111
		Have you been deployed to a war zone or deployed for combat? Yes
		Are any of the problems that brought you in for treatment related to a present, past, or pending deployment? Yes
		Are you experiencing any difficulties at work or doing your job? Yes
		Are you in the Personnel Reliability Program (PRP)? Yes
VisitSupport	19Jan06	What difficulties, symptoms, problems or complaints are you having that caused you to come to this clinic TODAY? test
		Are you having physical health problems? Yes
		Are you having financial problems? Yes
		Would you like to speak to a counselor? Yes
CES	23Sep05	Traumatic experiences reported
DRRI-Unit Support	23Sep05	Nothing endorsed
Perceived Stigma Scale	23Sep05	Score: 15 Perceived stigma detected.
Risk Levels		
SCORS	13Jan06	Score: 119 Severe
		thoughts of ending your life? Almost always

Soldier Wellness Assessment Pilot Program

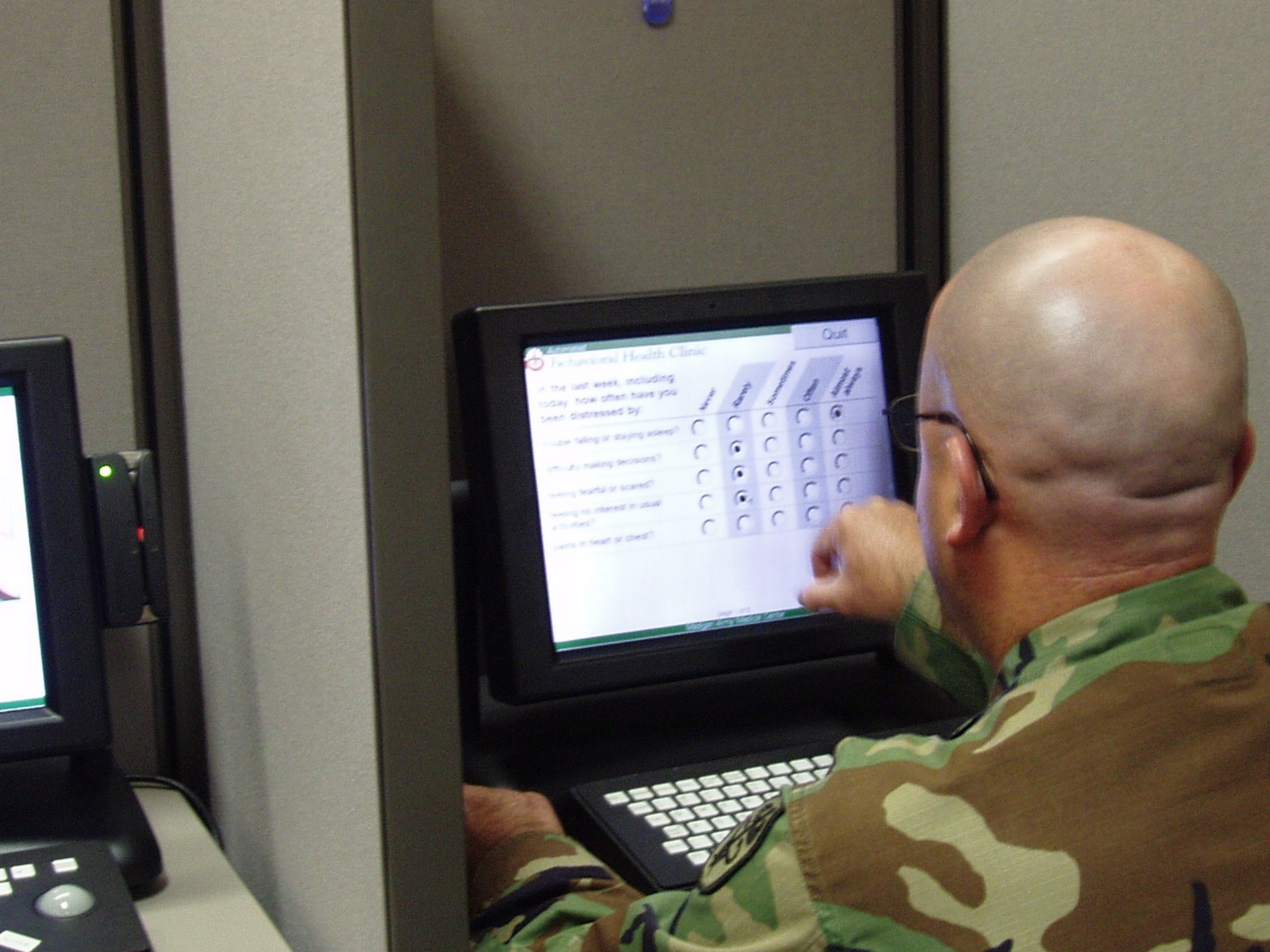
Flowchart



BEHAVIORAL HEALTH CLINIC AUTOMATION EFFORT

WEB APPLICATION FOR SCREENING

ABHTO
MAMC PSYCHOLOGY


Quit
Behavioral Health Clinic

ABHTO

Welcome to the Behavioral Health Clinic!

If you have not already checked in at the counter, please do so now.

To begin your questionnaires, swipe your ID card as shown in the picture.

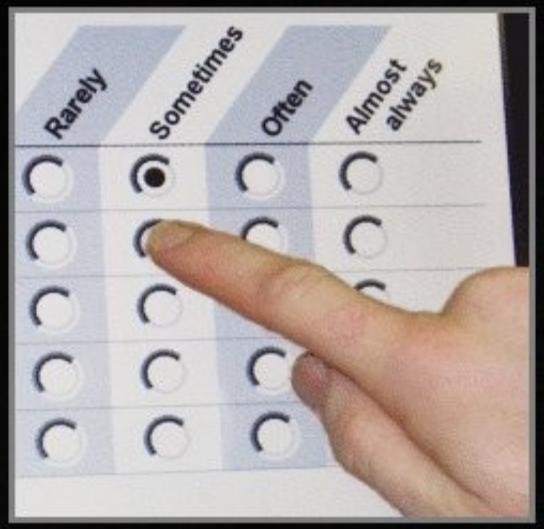
If you are having trouble with your ID card, press this button:

Login using keyboard

ABHTO

Quit

Answer multiple choice questions by touching the screen on your answer choice, as shown in the picture.



Use the keyboard to enter text.

Additionally, the following items will appear on each page you visit:

Next Press the "Next" button to continue to the following screen. Once you press this button you will not have the opportunity to change your answers.

Quit Press the "Quit" button to stop answering questions. You can use this to take a short break if you need to.

19% Complete The progress bar will show you how far along you are.

Press the "Next" button to continue.

Next

ABHTO
U.S. ARMY
Quit
In the last week, including today, how often have you been distressed by:
Never
Rarely
Sometimes
Often
Almost always
trouble falling or staying asleep?
difficulty making decisions?
feeling fearful or scared?
feeling no interest in usual activities?
pains in heart or chest?
disturbing thoughts coming to mind that you cannot get rid of?
nausea or upset stomach?
0% Complete
Next page

SCORS Report

Patient: Test T. Anxiety history
Completed: 19 Jul 2005 10:04 PDT

Demographic Data	Summary
Name: Test T. Anxiety history SSN: 122-22-2222	Wanting to harm someone: 1 Never Thoughts of ending life: 3 Sometimes Total score: 54 Minimal

Question Results

In the last week, including today, how often have you been distressed by:	Score	Never	Rarely	Sometimes	Often	Almost always
1 trouble falling or staying asleep?	3			●		
2 difficulty making decisions?	2		●			
3 feeling fearful or scared?	1	●				
4 feeling no interest in usual activities?	1	●				
5 pains in heart or chest?	4				●	
6 disturbing thoughts coming to mind that you cannot get rid of?	2		●			
7 nausea or upset stomach?	3			●		
8 feeling easily angered or irritated?	2		●			
9 wanting to harm someone?	1	●				
10 feeling tired or fatigued?	1	●				
11 headaches?	4				●	
12 soreness of your muscles?	2		●			
13 feeling sad or blue most of the time?	3			●		
14 experiencing strange, disturbing thoughts or beliefs?	2		●			
15 dizziness?	2		●			
16 alcohol/drug use interfering with your performance at work/school or with social relationships?	1	●				
17 hearing voices or seeing things that others do not see or hear?	4				●	
18 feeling tense or nervous?	2		●			
19 thoughts of ending your life?	3			●		
20 difficulty concentrating?	2		●			
21 feeling worthless or not liking myself?	1	●				
22 pain interfering with your day-to-day activities?	1	●				
23 feeling hopeless about the future?	4				●	
24 intense mood swings?	2		●			
25 feeling low in energy or slowed down?	1	●				

Interpretation

Each response has the following numeric values:
Never = 1, Rarely = 2, Sometimes = 3, Often = 4, Almost Always = 5.
The "total score" for this module is the sum of all the answers and is interpreted as follows:
Less than 55 indicates minimal distress.
55 to 68 indicates mild distress.
69 to 80 indicates moderate distress.
81 or greater indicates severe distress.
Questions 9 and 19 are considered important indicators and have been included in the summary section.

Source: ABHC Kiosk - MAMC BH Clinic

ABHTO MAMC PSYCHOLOGY

PHQ Anxiety Report

Patient: Test T. Anxiety history
Completed: 09 Jul 2005 10:04 PDT

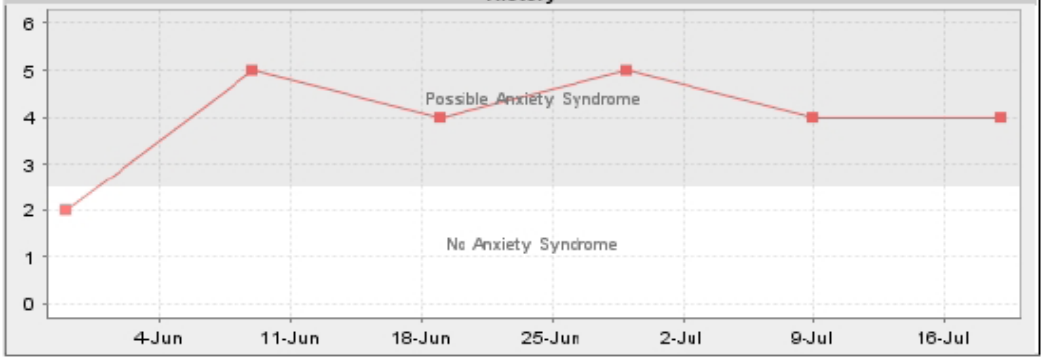
Demographic Data	Summary
Name: Test T. Anxiety history SSN: 122-22-2222	Score: 4 Anxiety Syndrome Detected

Question Results

Over the last 4 weeks, how often have you been bothered by any of the following problems?	Score	Not at all	Several days	More than half the days
1 Feeling nervous, anxious, on edge, or worrying a lot about different things	1		●	
2 Feeling restless so that it is hard to sit still	2			●
3 Getting tired very easily	1		●	
4 Muscle tension, aches, or soreness	2			●
5 Trouble falling asleep or staying asleep	2			●
6 Trouble concentrating on things, such as reading a book, watching TV	2			●
7 Becoming easily annoyed or irritable	1		●	

	Score	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
8 If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	1		●		

History



Interpretation

PHQ subscale (6 items, 0-6 pts). If score >=3/6, then possible anxiety syndrome and brief eval would be indicated.

Source: ABHC Kiosk - MAMC BH Clinic

ABHTO MAMC PSYCHOLOGY

Army Suicide Event Report

ASER

- Suicide Risk Management & Surveillance Office (SRMSO): data collection, management, reporting
- Quarterly and annual suicide reports with monthly updates
- Evaluates data for patterns
- Responds to reporting requests

ASER

- Objective, detailed, and standardized information:
  - Comprehensive event data (method, location, fatality)
  - Extensive risk factor data
    - dispositional or personal
    - historical or developmental
    - contextual or situational
    - clinical or symptom factors

ASER PROCESS

- Submission of ASER required for all suicide related behaviors that result in:
  - Death,
  - Hospitalization, *or*
  - Evacuation
  - Required since March 2004
- Submitted via secure website

ASER REPORTS

- Identify patterns of MH difficulties among suicide completers and attempters
- Identify risk factors unique to Soldiers
  - Deployment
  - Geographic relocation
  - Combat experiences
  - Administrative procedures

ASER REPORTS

- Make comparisons to overall Army:
  - Demographics
  - Military variables (e.g. rank)
- Identify suicide patterns by MTF
- Ability to identify deployment related events
- Metric for suicide events and related risk factors

OTHER HOT TOPICS

- ONLINE SERVICES
  - Educational
  - Assessment
  - Self-directed care
  - Adjunct to clinical services
- Virtual Reality
  - Prolonged exposure for PTSD
  - Tracking utility for military

COL Gregory Gahm, Ph.D.
Madigan Army Medical Center
Dept of Psychology
Tacoma, WA
Gregory.Gahm@us.army.mil

Barbara A. Lucenko, Ph.D.
Madigan Army Medical Center
Dept of Psychology
Tacoma, WA
Barbara.Lucenko@us.army.mil